

SECTION 8

REIMBURSEMENT

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REIMBURSEMENT POLICIES

Age Requirement for Participation

The age requirement for participation in the National School Lunch Program, School Breakfast Program and the Special Milk Program is any person 21 chronological years of age or younger who is enrolled in an institution or school. This applies to both regular and special education students.

Parents of any age, enrolled with their children in the family literacy program *Even Start*, are eligible to participate in the NSLP and SBP if they are enrolled in a General Equivalency Program (GED) or a regular school completion program. In these instances, meals may be claimed for parents, if the classes are held during the day.

Preschool and Day Care Programs

Preschool and day care programs located on an institution's campus and operated by the institution are eligible to participate in the National School Lunch and School Breakfast Programs. Preschool and day care programs on the institution's campus that are not operated by the institution may not participate in the NSLP. However, they may enter into a catering contract with the school to supply meals. Head Start programs don't need to be operated by the NSLP participating institution in order to be on the NSLP or SBP programs, but they must be located on that institution's campus. Children attending the preschool program must be given an income application, or they can be included on sibling applications. Meals served to these children must be claimed in the appropriate category (free, reduced-price or paid) even if there is no charge to the children. When the preschool program is open but the institution is closed, the meals are not reimbursable.

Snacks served during preschool and day care program hours are NOT reimbursable under NSLP; the following options are available. You can:

- ❖ Participate in the Child and Adult Care Food Program (CACFP) rather than the NSLP. A sponsor may not participate in both the CACFP and NSLP unless the sponsor has an outside school hours care program that participates in CACFP.
- ❖ Split the lunch meal so 1 or 2 items are omitted from the meal and served later for an afternoon snack. There is no option to split breakfast items.
- ❖ Serve a snack without reimbursement.

If preschool and day care programs choose to participate in the CACFP rather than the NSLP, meals may be provided by the institution but reimbursement would be claimed by the organization sponsoring the CACFP.

After School Care Program

The age requirement for the After School Care Program is any person 18 chronological years of age or younger who is enrolled in an institution or school. This applies to both regular and special education students.

Sponsors that administer after school care programs that offer enrichment or educational program are eligible to serve snacks for reimbursement. Sites located in areas served by a sponsor in which at

least 50 percent of the enrolled children are eligible for free and reduced-price meals are eligible to receive reimbursement at the free rate for snacks served to all children, regardless of each individual child's eligibility for free or reduced-price lunches and breakfasts. Refer to Section 2 for more information on the After School Care Snack Program.

Sites which are not in areas served by a sponsor in which at least 50 percent of the enrolled children are eligible for free or reduced-price meals must count snacks and claim reimbursement by type (free, reduced-price, and paid), and must have documentation of students eligibility. Under no circumstances may a sponsor charge children for snacks claimed at the free reimbursement rate. Charges for reduced-price snacks may not exceed 15 cents, as stipulated in program regulations at 7 CFR section 210.9 (c) (4).

Snacks may only be served to children for reimbursement when administering the NSLP and after their school day has ended. Under no circumstances may snacks be reimbursed in programs operated before or during the child's school day.

Weekends

RCCI's can continue to receive reimbursement under the SBP, NSLP or SMP on the weekends. Reimbursement is made on a "per day of operation" basis. Therefore, reimbursement may be claimed for eligible meals served any day that the institution is approved to provide its services. Remember that a RCCI can only receive reimbursement for meals under the SMP if it is not claiming reimbursement under either the SBP or the NSLP.

Second Meals

Sponsors must ensure that lunches and breakfasts are planned and produced on the basis of participation trends with the objective of providing one reimbursable lunch and/or breakfast per child per day. Production and participation records must be maintained to demonstrate positive action toward providing one reimbursable lunch and/or breakfast per child per day. Any excess lunches and/or breakfasts that are produced may be served, but shall not be claimed for reimbursement.

REIMBURSEMENT RATES

The CNP office notifies sponsors of the reimbursement rates for the National School Lunch/School Breakfast Programs (NSLP/SBP) as soon as possible after July 1. These reimbursement rates are in effect from July 1 through June 30.

School Lunch Reimbursement Rates

There are two different rates for the school lunch program, a high and low rate. When applications are processed the CNP office will determine whether a sponsor is eligible for the high or low rate. To be eligible for the higher rate, a sponsor's total lunches served in the second preceding year (two years earlier) must have been 60 percent or more free and reduced-priced lunches. The eligibility for

the high or low rate is determined by the CNP office based on claims submitted during the appropriate year.

Severe Need Breakfast Reimbursement Rates

The Severe Need Breakfast rates are determined after the previous school year's annual financial report is submitted to the CNP office. The sponsor will be notified of their reimbursement rate in January. The Severe Need Breakfast reimbursement rates are in effect from January 1 through December 31.

The *Severe Need Breakfast Eligibility* in Section 9 gives specific details of the criteria for eligibility.

REIMBURSEMENT CLAIMS

Claim Forms

Claim forms are sent to sponsors at the beginning of each program year. It is the responsibility of the sponsor to make sufficient copies of the claim form for use throughout the year. See Exhibit A for an example of the claim form.

The following information must be included to process an original claim:

- ❖ the claim month
- ❖ claim type
- ❖ assigned CTD#
- ❖ sponsor's name and address
- ❖ items 3 through 9 for each meal type claimed
- ❖ an authorized representative signature and date

Due Date

Original reimbursement claims must be received in the Student Services office by the tenth (10th) of the month following the claim month. A postmark of the tenth (10th) is not a timely claim. Claims may be faxed to (602) 542-3818 or (602) 542-1531. Do not mail a hard copy of the claim if one has been faxed. If the 10th of the month falls on a Saturday, Sunday or state holiday, the claims must be received on the following first working day.

Claims received after the 10th of the month will be processed with the following months' claims. All claims received within 60 calendar days following the claim month will be processed. A claim received after 60 days may be granted a one-time exception, which is in effect for thirty-six (36) months. No other exceptions may be granted within the thirty-six (36) month period

Combined Claims

At the beginning of the school term, the first two claims may be combined if not more than 10 days of program operation occurred in the first month. At the end of the school term, May and June claims may be combined if not more than 10 days of program operation occurred in June.

June and July claims may not be combined due to the reimbursement rate change in July.

Claims for reimbursement may not combine operations occurring during the ending month (September) of the federal fiscal year with the beginning month (October) of the next federal fiscal year.

Revised Claims

A revised claim may be submitted within 60 calendar days following the claiming month. No upward revision will be made after the 60-day deadline without a one-time exception. No exceptions will be granted if another exception (original or revised) was granted within a thirty-six month period. A downward revision may be made at any time.

When submitting a revised claim, do not complete the entire claim. Enter only the corrected number on the appropriate line(s) being revised.

For the Financial Services office to identify the claim, complete the following information:

- ❖ the claim month that is being revised
- ❖ type of revised submission and date of revision
- ❖ assigned CTD#
- ❖ name and address of your school (same name as given on the application)
- ❖ an authorized representative signature and date

CHECKING THE REIMBURSEMENT CLAIM

It is important that claims are checked before submitting to the Department of Education. A reimbursement claim cannot be processed for payment until all errors have been corrected. The financial staff will contact sponsors for corrections. Claims with errors will be returned to sponsors who cannot be reached by phone.

To reduce the number of errors, complete each line of item 10 and compare to items 3 or 4 as indicated.

Attendance Factor

The Child Nutrition Programs office has established the following attendance factors:

1. Public Schools use an attendance factor that is based on information from the 40th Day Report. Child Nutrition Programs will notify Public School sponsors of their attendance factor in July.
2. Private Schools and Bureau of Indian Affairs Schools use a 98% attendance factor.
3. State Schools, Correctional Institutions, and Residential Child Care Institutions use a 99% attendance factor.

If the meal count is higher than the calculation in 10a through 10f, check the following:

1. The accuracy of the monthly meal counts.
2. The accuracy of the number approved for free or reduced.
3. Check to see if there was high attendance during the month. If this is the case, send an explanation with the claim stating the reason for the high attendance.
4. If the established attendance factor is incorrect, contact your specialist for information on how to change the factor.

Reimbursement Computation

Use the Reimbursement Computation Worksheet (Exhibit B) to calculate the expected reimbursement and compare to the actual reimbursement received. Notify Student Services if a discrepancy is found.

Reimbursement Claim for 2001-2002
National School Lunch, School Breakfast and Special Milk Programs

Claims must be received **by the 10th of the month** following the claim month. Submit to the Arizona Department of Education, Student Services, 1535 W. Jefferson Street, Phoenix, AZ 85007; or FAX to (602) 542-3818 or (602) 542-1531.

1. Report for _____
 Month Year

PRE-PRINTED DISTRICT
 INFORMATION
 IN THIS AREA

2. Claim Type (check one)
☐ Original submission for month
☐ Revised submission for month

	National School Lunch	Regular Breakfast	Severe Need Breakfast	After School Care Snack		Special Milk
				Less than 50%	50% or more	
3. Meals Served to Children						
a. Free	_____	_____	_____	_____	_____	_____
b. Reduced Price	_____	_____	_____	_____	_____	_____
c. Paid	_____	_____	_____	_____	_____	_____
d. Total Meals	_____	_____	_____	_____	_____	_____
4. Eligible Children						
a. Free	_____	_____	_____	_____	_____	_____
b. Reduced Price	_____	_____	_____	_____	_____	_____
c. Paid	_____	_____	_____	_____	_____	_____
d. Total Eligibles	_____	_____	_____	_____	_____	_____
5. Sites on Program	_____	_____	_____	_____	_____	_____
6. Meal Service Days this Month	_____	_____	_____	_____	_____	_____
7. Total Enrollment	_____	_____	_____	_____	_____	_____
8. Half Pints of Milk Purchased this Month	_____	_____	_____	_____	_____	_____
9. Cost of Milk to Sponsor this Month	_____	_____	_____	_____	_____	\$ _____
10. Edit Checks						
a. Item 4a. X Item 6	_____	_____	_____	_____	_____	_____
Item 3a. cannot exceed this number	_____	_____	_____	_____	_____	_____
b. Item 10a. X AF	_____	_____	_____	_____	_____	_____
Item 3a. cannot exceed this number	_____	_____	_____	_____	_____	_____
c. Item 4b. X Item 6	_____	_____	_____	_____	_____	_____
Item 3b. cannot exceed this number	_____	_____	_____	_____	_____	_____
d. Item 10c. X AF	_____	_____	_____	_____	_____	_____
Item 3b. cannot exceed this number	_____	_____	_____	_____	_____	_____
e. Item 4c. X Item 6	_____	_____	_____	_____	_____	_____
Item 3c. cannot exceed this number	_____	_____	_____	_____	_____	_____
f. Item 10e. X AF	_____	_____	_____	_____	_____	_____
Item 3c. cannot exceed this number	_____	_____	_____	_____	_____	_____

I certify that, to the best of my knowledge, this claim is true and correct; that records are available to support this claim; and that payment has not yet been received for meals and milk in such claim.

Date

Printed Name of Claim Preparer

Signature of Authorized Representative

Printed Name

REIMBURSEMENT COMPUTATION WORKSHEET**FOR YOUR INFORMATION ONLY. NOT TO BE SUBMITTED TO THE STATE OFFICE.**

Retain worksheet for your files. Numbers and letters originate from the claim form. School Lunch, School Breakfast, and Special Milk sponsors receive the new reimbursement rates in July of each year.

CTD number _____ Claim Month _____ Year _____

NATIONAL SCHOOL LUNCH

3a. _____ x \$ _____ = \$ _____
High or Low Rate

3b. _____ x \$ _____ = \$ _____
High or Low Rate

3c. _____ x \$ _____ = \$ _____
High or Low Rate

\$ _____
Total Lunch Reimbursement

REGULAR BREAKFAST

3a. _____ x _____ Free Rate = \$ _____

3b. _____ x _____ Reduced Rate = \$ _____

3c. _____ x _____ Paid Rate = \$ _____

\$ _____
Total Regular Breakfast Reimbursement

SEVERE NEED BREAKFAST

Severe Need Breakfast sponsors will be paid current USDA rates or their per-meal breakfast cost, whichever is less. Notification of reimbursement rate or per meal cost will be made in January of each year.

3a. _____ x _____ Free Rate = \$ _____

3b. _____ x _____ Reduced Rate = \$ _____

3c. _____ x _____ Paid Rate = \$ _____

\$ _____
Total Severe Need Breakfast Reimbursement

AFTER SCHOOL CARE SNACK PROGRAM

3a. _____ x _____ Free Rate = \$ _____

3b. _____ x _____ Reduced Rate = \$ _____

3c. _____ x _____ Paid Rate = \$ _____

\$ _____
Total After School Snack Program Reimbursement

SPECIAL MILK

3a. _____ x _____ Free Rate = \$ _____

3c. _____ x _____ Paid Rate = \$ _____

\$ _____
Total Special Milk Reimbursement